

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 29, 1999

Application or Docket Number

09/496667

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	20 minus 20 =	—
INDEPENDENT CLAIMS	2 minus 3 =	—
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	Minus		***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	FEES
	345.00
OR	
X\$ 9=	
OR	
X39=	
OR	
+130=	
OR	
TOTAL	

RATE	FEES
	690.00
OR	
X\$18=	
OR	
X78=	
OR	
+260=	
OR	
TOTAL	690

SMALL ENTITY  
OR

OTHER THAN  
OR SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
OR	X\$18=
X39=	
OR	X78=
+130=	
OR	+260=
TOTAL ADDITIONAL FEE	
OR	TOTAL ADDITIONAL FEE

RATE	ADDITIONAL FEE
OR	X\$18=
X78=	
OR	+260=
TOTAL ADDITIONAL FEE	
OR	TOTAL ADDITIONAL FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	Minus		***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
X\$ 9=	
OR	X\$18=
X39=	
OR	X78=
+130=	
OR	+260=
TOTAL ADDITIONAL FEE	
OR	TOTAL ADDITIONAL FEE

RATE	ADDITIONAL FEE
OR	X\$18=
X78=	
OR	+260=
TOTAL ADDITIONAL FEE	
OR	TOTAL ADDITIONAL FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	Minus		***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
X\$ 9=	
OR	X\$18=
X39=	
OR	X78=
+130=	
OR	+260=
TOTAL ADDITIONAL FEE	
OR	TOTAL ADDITIONAL FEE

RATE	ADDITIONAL FEE
OR	X\$18=
X78=	
OR	+260=
TOTAL ADDITIONAL FEE	
OR	TOTAL ADDITIONAL FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY  
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE  
(CALCULATION SHEET)

APPLICATION NUMBER: 09/496667

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	= Total
Basic Filing Fee	<u>201/101</u>				<u>690</u>	<u>690</u>
Total Claims >20	<u>203/103</u>	20 =	X			
Independent Claims >3	<u>202/102</u>	3 =	X			
Multi Dep. Claim Present	<u>204/104</u>					
Surcharge	<u>205/105</u>					<u>130</u>
English Translation	<u>139</u>					
<u>TOTAL FEE CALCULATION</u>						<u>820</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 820.00

Less Filing Fees Submitted - \$ 0

BALANCE DUE = \$ 820.00

Fieldy Dale  
Office of Injural Patent Examination